

FACSIMILE: (303) 740-6962

APR 17 2008

PAGE 1/13 * RCVD AT 4/17/2006 6:27:50 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/0 * DNIS:2738300 * CSID:303 740 6962 * DURATION (mm-ss):03-02

APR 17 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/895,431
		Filing Date	June 29, 2001
		First Named Inventor	Richard Qian
		Art Unit	2161
		Examiner Name	Chen, Te Y.
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P11146

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	April 17, 2006

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Pat Sullivan
Signature	<i>Pat Sullivan</i>
Date	April 17, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2005.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	09/895,431
Filing Date	June 29, 2001
First Named Inventor	Richard Qian
Examiner Name	Chen, Te Y.
Art Unit	2161
Attorney Docket No.	42390P11146

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ Nonc ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
16	30*	0	\$0.00
Independent Claims	2	5*	0
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 380	2203 180	Multiple Dependent claim, if not paid	
1204 790	2204 385	**Reissue independent claims over original patent	
1205 300	2205 160	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 80	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 765	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1806 160	1806 160	Submission of Information Disclosure Stmt.	
1803 790	1803 385	Filing a submission after final rejection (37 CFR § 1.126(a))	
1810 790	2810 385	For each additional invention to be examined (37 CFR § 1.126(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>	Date	04/17/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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Our Docket No: 42P11146

APR 17 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Richard Qian

Serial No: 09/895,431

Filed: June 29, 2001

For: Creating and Managing Portable User
Preferences for Personalization Media
Consumption From Device to Device

Examiner: Chen, Te Y.

Art Unit: 2161

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 01/17/2006, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

April 17, 2006

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

Pat Sullivan
Signature

4/17/06
Date